DOCUMENT RESUME

ED 109 549 CG 009 955

AUTHOR Weigel, Richard G.; Uhlemann, Max R.
TITLE Developing Individualized Behavior Change Goals with Clients: A Procedure.
PUB DATE [75]
NOTE 10p.; Paper presented at the Annual Meeting of the American College Personnel Association (50th, Atlanta, Georgia, March 1975)

EDRS PRICE MF-$0.76 HC-$1.58 PLUS POSTAGE
DESCRIPTORS Behavioral Objectives; *Behavior Chaining; *Behavior Change; Counseling Effectiveness; *Individual Counseling; *Participant Involvement; Performance Criteria; *Psychotherapy; Speeches

ABSTRACT

This document reviews 10 specific and sequential steps which have emerged as being particularly effective in assisting clients in developing individualized behavior change goals in psychotherapy. The therapist and client typically work through these steps together near the beginning of treatment, but only after the client has had the opportunity to ventilate the nature of his concern and to become aware of the therapist's involvement with him. The therapist introduces the task by explaining its nature and indicating that clients are often aided by the very act of expressing their concerns with a view toward specific behavioral change goals. Steps in the therapeutic process include setting of: (1) general goal; (2) behavior goal; (3) observable behavioral goal; (4) specific observable behavioral goal (limiting the scope of the behavior and designating the time, place, person, or context); (5) base rate; (6) criteria of failure; (7) reality check; (8) importance check; (9) contract; and (10) criteria for evaluation and renegotiation. Although the procedure was developed for individual behavior change, the same steps can be used effectively in group therapy. (Author/PC)

****
* Documents acquired by ERIC include many informal unpublished *
* materials not available from other sources. ERIC makes every effort *
* to obtain the best copy available. nevertheless, items of marginal *
* reproducibility are often encountered and this affects the quality *
* of the microfiche and hardcopy reproductions ERIC makes available *
* via the ERIC Document Reproduction Service (EDRS). EDRS is not *
* responsible for the quality of the original document. Reproductions *
* supplied by EDRS are the best that can be made from the original. *
****

ED109549

U S DEPARTMENT OF HEALTH, EDUCATION & WELFARE
NATIONAL INSTITUTE OF EDUCATION
THIS DOCUMENT HAS BEEN REPRODUCED EXACTLY AS RECEIVED FROM THE PERSON OR ORGANIZATION ORIGINATING IT. POINTS OF VIEW OR OPINIONS STATED DO NOT NECESSARILY REPRESENT OFFICIAL NATIONAL INSTITUTE OF EDUCATION POSITION OR POLICY

Developing Individualized Behavior Change Goals with Clients: A Procedure

Richard G. Weigel
Psychology Department
Colorado State University
Fort Collins, Colorado 80521

Max R. Uhlemann
Psychology Department
The University of Western Ontario
London 72, Canada

The use of behavioral criteria of client change is frequently noted in the psychotherapy literature both by behaviorally oriented therapists, and increasingly by those of other orientations. In many therapeutic circumstances, the procedure of choice is often that of developing such criteria with the client as an integral part of the treatment process.

Krumboltz and Thoresen (1969) imply that such an approach involves two steps: (1) identifying a problem in behavioral terms, and based on that, (2) developing individualized behavior change goals. The latter step is designed to " . . . help the client describe how he would like to act instead of the way in which he currently acts (p. 8)." Elsewhere, Krumboltz (1966) has noted that "One set of statements cannot apply to all clients. . . there may be a virtually unlimited number of goals toward which counselors might help their clients strive. The goals of one client might be in direct contradiction to the goals of another client (p. 154)." Thus the focus is upon the individualization of the behavior change goal(s) for each client.

Within the past few years numerous investigators have used such individualized behavior change goals as therapy outcome measures. However, in no case has the exact procedure for developing such goals been described.

ED 109 549

The present paper is designed to fill that gap by presenting the systematic procedure developed and tested over the last several years at Colorado State University. The procedure was first designed and employed by Uhlemann (1969) and Uhlemann and Weigel (1969). Applications to a variety of treatment situations have been reported by Aigaki (1970), Arbes and Hubbell (1973), Fulton, Weigel and Oetting (1969), Morrill, Fulton, Weigel, Oetting, Hurst, and Hawkes (1969), and Weigel (1971).

Ten specific and sequential steps have emerged as being particularly effective in assisting clients in developing individualized behavior change goals. These are typically gone through by therapist and client near the beginning of treatment, but after the client has had the opportunity to ventilate the nature of his concern(s) and to experience the therapist's involvement with him. The therapist introduces the task by explaining its nature, and indicating that clients are often aided by the very act of formulating their concerns toward specific behavioral change goals. Therapist and client together then begin the following ten steps.

1. General Goal(s): The client is first helped to generate what change(s) he feels to be most important as a result of his therapy experience. Initially, many clients mention goals on a feeling dimension (e.g., "I would like to feel more at ease around people.") and/or at a very general level (e.g., "I want to be liked better."). A very few may suggest goals felt by the therapist either to be undesirable for the patient (Krumboltz and Thoresen, 1969) or for society. In such rare

circumstances the therapist needs to be forthright with the client, and to attempt to assist the client in generating alternate goals acceptable to both.

2. Behavior Goal: The client is then assisted in framing those agreed upon general goals into behavioral terms. One effective way is to ask, "How would you behave differently if you reached your goal?" (e.g., Therapist: "How would you behave differently if you felt more at ease around people?" Client: "I would stop avoiding people."). As Krumboltz and Thoresen (1969) have warned, care must be taken that the behavior goal generated by the client represents a change in the client's own behavior, not in the behavior of others.
3. Observable Behavioral Goal: The next step is to assist the client in making the behavior goal as observable as possible. It is often helpful to ask, "How could I tell that you had changed?" (e.g., Therapist: "How could I tell that you had stopped avoiding people?" Client: "You could see me actually hold conversations with people.").
4. Specific Observable Behavioral Goal: The client should then be assisted in making his observable goal even more specific (if possible). Two helpful ways of doing so are:
   A. Limiting the scope of the behavior: For example, the client might limit his behavior goal to talking in conversations initiated by others, with initiating conversations himself perhaps as a later goal.

B. Designating the time, place, person, or context: For example, the client might limit his behavior goal to talking in conversations initiated by others: (1) during the dinner hour, (2) in his rooming house lobby, (3) to the man in the next room, or (4) when women are present.

Care must be taken that the specific, observable behavior goal which is developed is still an important aspect of a central behavior that the client desires to change.

5. Base Rate: A base rate for later comparison is established by asking the client to describe his current behavior on the dimension of his specific goal. "How frequently do you do this now?", or "How well do you do this now?" will typically generate an estimate of the quantity and/or quality of his present behavior. Alternatively, a charting procedure by the client (or others) can be initiated at this point. Progress in behavior change is determined by comparisons of these base rate data with frequencies generated later.

6. Criteria of Failure: The behavior goal is then further refined by assisting the client to formulate, "How could I tell that you were doing even worse than you are doing now in achieving your behavior goal?" Criteria of failure, again, should be observable and specific. It is important to elicit this concept so that it will be possible to observe negative as well as positive change.

7. Reality Check. The client is then asked to evaluate the behavior goal generated to see whether it is realistic in terms of: (1) his

present behavior in that area (i. e. setting unrealistically high goals), and (2) whether external circumstances would make it possible for him to achieve his goal (e. g., Client: "I want to call up more women for dates, but the Army is assigning me to a year in Antartica."). It is important that clients generate goals that are achievable.

8. Importance Check: After proceeding this far, the client is asked to re-think whether the behavior goal he has chosen represents an important aspect of the behaviors he most wishes to change as a result of his treatment experience. Some clients at this point suggest that they have perhaps not been dealing with the most important area of difficulty (i. e. have been discussing a "presenting problem"); others see new and more important areas of change as a result of the procedure per se'. When this occurs, the therapist and client begin again with step one.
9. Contract: When these steps have culminated in a specific, observable behavior goal, the therapist and client then agree together that this is the goal toward which the client will work. In some circumstances, a written contract signed by both therapist and client (with copies for both) has proven to be a particularly effective medium for client commitment to the treatment program.
10. Evaluation and Renegotiation: As the treatment proceeds, the client and therapist may evaluate the client's behavior against his base rate and behavior goal on a number of occasions. If good progress

toward a goal is made, the client may wish to renegotiate his contract, and set a somewhat more difficult behavior goal. Such renegotiations may occur a number of times during the treatment program. Conversely, if the client does not progress toward his behavior goal, or shows negative change, it may be necessary to renegotiate and set a more achievable initial behavior goal. It should be noted that some clients wish to work simultaneously on any number of behavior goals. Experience suggests that work toward more than two simultaneous behavior goals is not efficacious, and that dissipation of client effort mitigates against positive behavior change in any one area.

Thusfar, this procedure for developing individualized behavior change goals with clients has been described as it is used in individual therapy. However, the same steps are appropriate for preparing clients for group therapy or "growth group" (e.g., encounter, sensitivity, workshop) experiences. In "growth groups" in particular a tendency exists for participants (and, unfortunately, some leaders) to have only implicit goals to be met as a result of the experience, and even these are often vague, global and diffuse. This may lead to aimlessness or directionlessness in group interaction. The development of specific observable behavior change goals prior to the experience can mitigate against such feelings and act to focus participants' expectations and efforts during the group.

The procedure (with minor adaptations) has also been used quite successfully in the group setting per se', with group members assisting each other in generating their own individualized behavior goals. Early positive experience with this approach led to the development of a semi-structured, self-instructional worksheet (Uhlemann and Moore, 1972), which assists group participants in working with group leaders and other participants to develop individualized behavior goals. Recent usage suggests that this semi-structured approach facilitates implementation of goal setting procedures in the group (Ellinger, 1973; Lutker, 1972; Uhlemann, 1973).

Trends in psychotherapy practice and research suggest that the use of behavior goals will be with us for a long time. In the present paper we have attempted to detail what has proved to be an effective procedure for developing such goals with clients. It is suggested that other therapists/ investigators specify their procedures in future work. Only then will it be possible for others to replicate procedures in treatment, or to assess differences among studies reported.

References

Aigaki, D. M. Life planning for low-income youth. Unpublished M.S. thesis, Colorado State University, 1970.

Arbes, B. H. & Hubbell, R. N. Packaged impact: A structured communication skills workshop. Journal of Counseling Psychology, 1973, 20, 332-337.

Ellinger, J. S. The communicative and behavioral change effectiveness of the student couples' seminar. Unpublished M.S. thesis, Colorado State University, 1973.

Fulton, D. R., Weigel, R. G. & Oetting, E. R. The use of the preliminary interview to maximize counseling effectiveness. Paper presented at the meeting of the Rocky Mountain Psychological Association, Albuquerque, 1969.

Krumboltz, J. D. Behavioral goals for counseling. Journal of Counseling Psychology, 1966, 13, 153-159.

Krumboltz, J. D. & Thoresen, C. E. Behavioral counseling. New York: Holt, Rinehart and Winston, 1969.

Leith, W. R. & Uhlemann, M. R. The shaping group approach to stuttering: A pilot study. Comparative Group Studies, 1972, 3, 175-199.

Lutker, C. Constructive fighting marathon for couples. Unpublished M.S. thesis, Colorado State University, 1972.

Morrill, W. H., Fulton, D. R., Weigel, R. G., Oetting, E. R., Hurst, J. C. & Hawkes, F. J. Facilitating counseling effectiveness through the preliminary interview. Symposium presented at the meeting of the American Psychological Association, Washington, D.C., 1969.

Uhlemann, M. R. The use of interviews with clients and significant others to evaluate change toward behavioral change goals. Paper presented at the meeting of the American Personnel and Guidance Association, Las Vegas, 1969.

Uhlemann, M. R. The student couples' workshop: Evaluation. Unpublished doctoral dissertation, Colorado State University, 1973.

Uhlemann, M. R. & Moore, M. Worksheet for developing behavior change goals. In M. Moore & J. Hinkle, Leader's manual: The student couples' workshop (3rd. Revision). Fort Collins, Colorado: Rocky Mountain Behavioral Sciences Institute, 1972.

Uhlemann, M. R. & Weigel, R. G. Behavioral change outcomes of marathon group counseling. Paper presented at the meeting of the American Personnel and Guidance Association, Las Vegas, 1969. Small Group Behavior (in press)

Weigel, R. G. Behavioral goal setting: A technique for producing and assessing adaptive change. Paper presented at the meeting of the American Group Psychotherapy Association, Los Angeles, 1971.